



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 23

Application Number	10/562,028	
Confirmation Number		
Filing Date	with an effective filing date of June 7, 2004	
First Named Inventor	Eckhardt LÜBKE and Frank-Detlef SPECK	
Group Art Unit	3656	
Examiner Name	James PILKINGTON	Fax: (571) 273-8300

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$810.00 <input checked="" type="checkbox"/> Amendment/Response [14] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt [1] <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application [1] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers [1] (for an Application) <input checked="" type="checkbox"/> Drawing(s) --Annotated Sheet(s) [1] Replacement Sheet(s) [1] <input type="checkbox"/> Licensing-related Papers [1] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition [1] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address [1] <input type="checkbox"/> Terminal Disclaimer [1] <input type="checkbox"/> Small Entity Statement [1] <input type="checkbox"/> Request for Refund [1]	<input type="checkbox"/> After Allowance Communication to Group [1] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences [1] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [1] <input type="checkbox"/> Proprietary Information [1] <input type="checkbox"/> Status Letter [1] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination - 1pg in duplicate Exhibit A FIG 1. Exploded Postcard
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 24, 2009	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 24, 2009.

Signature	
Date: July 24, 2009 (amp)	

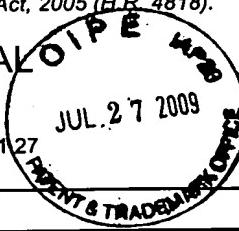
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27



TOTAL AMOUNT OF PAYMENT: \$810.00

Complete if Known

Application No.
Filing Date
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10/562,028
with an effective filing date of
June 7, 2004
Eckhardt LÜBKE and Frank-
Detlef SPECK
James PILKINGTON
3656

Attorney Docket No.

ZAHFRI P802US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
52	26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
-20 or HP =	x	\$52/\$26	=	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____
-3 or HP +	x	\$220/\$110	=	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	750 =	(round up to a whole number) x	\$270/\$135	=

4. OTHER FEE(S)

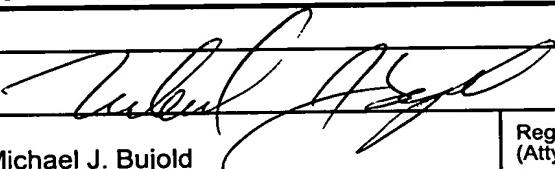
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination

Fees Paid (\$)

\$810.00

SUBMITTED BY

<u>Signature</u>		<u>Telephone</u> (603) 226-7490
<u>Name (Print/Type)</u>	Michael J. Bujold	<u>Registration No. (Atty/Agent)</u> 32,018

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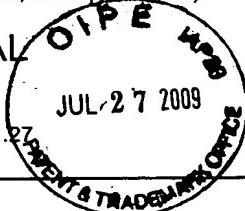
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Indep. Claims	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>
-3 or HP +		<u>\$220/\$110</u>	=	<u>Fee Paid (\$)</u>

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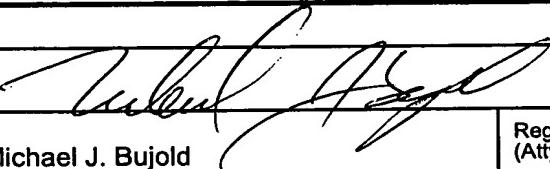
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SUBMITTED BY

<u>Signature</u>			<u>Telephone (603) 226-7490</u>
<u>Name (Print/Type)</u>	<u>Michael J. Bujold</u>	<u>Registration No. (Atty/Agent)</u> <u>32,018</u>	<u>Date: July 24, 2009</u>